



NEW PROCARD ACCOUNT APPLICATION (Revised 4-2025)

Cardholder Name _____ Access ID _____

School/College/Department _____

E- Mail Address _____ Preferred Phone: _____

Are you a full-time employee of Wayne State University? ____ Yes ____ No

Have you completed the [Procard Training](#) available and passed the test available on Canvas? ____ Yes ____ No
(note: applications will be returned unless / until training requirements have been met)

If you completed training via the Canvas module, what was your test score? _____

Send card to my: ____ Campus address ____ Home address

Note: The mailing address for the Card must be US mailing address. We will use the active Mailing Address found in Banner based on your selection.

Default Index _____ Default Account _____

Procurement Card Limits: _____ PER transaction (up to \$3,000.00) _____ PER month (up to \$20,000.00)

Note: Card Holders will be given WayneBuy Punch-out order capability up to \$3,000.

CARDHOLDER AGREEMENT

In return for the purchasing authority delegated to me and in consideration of my responsibility to properly steward public resources, I agree to undertake the following responsibilities:

- To comply with this agreement and the [Procurement Card Policy and Procedures](#) provided and as such Policy and Procedures may be subsequently revised. I acknowledge and affirm that I have read and understand the Policy and Procedures. I understand that the University is financially responsible for all Procurement Card purchases I make and I may only use the Procurement Card for approved University purchases. I will upload all transaction documents to Procard Travel Management System (PTMS) for review by the designated coordinator in my department.
- To protect and safeguard the procurement card in accordance with this Agreement, the Policy and Procedures, and any other applicable WSU policies.
- To purchase ethically, fairly and without conflict of interest; and to seek the best value; in my use of the card. I understand that my use of the Procurement Card may be audited.
- When using Federal funds, to purchase only necessary items, to determine that the price is fair and reasonable by comparing alternative sources, and to avoid firms or individuals who respond that they are prohibited from contracting with the federal government.
- To maintain or arrange to maintain appropriate records of the use of the Procurement Card, including receipts, and to provide those records and receipts to the University immediately upon request.
- I understand that if I allow another person to use my Procurement Card, I shall be responsible for any improper use or misuse of the Card to the same extent as if I had misused it.

I further understand that my improper use of this corporate liability card may result in disciplinary action up to and including employment termination against me should I fail to use this Procurement Card properly. I authorize Wayne State University to deduct from any amounts payable to me, an amount equal to the total of the improper purchases. I also agree to allow Wayne State University to collect any amount owed by me even if I am no longer employed by the University. If Wayne State University initiates legal proceedings to recover amounts owed by me under the Agreement, I agree to pay all costs and legal fees incurred by the University in such proceedings. I understand that the University may terminate my privilege to use the Procurement Card at any time for any reason. I will return the Procurement Card to the University immediately upon request or termination of employment.

Authorization for Release of Credit Card Receipts

Authorization is hereby granted to representatives of Wayne State University to obtain copies of receipts or any factual data pertaining to my Wayne State University MasterCard credit card.

Authorization is granted to vendors to accept a photo-static reproduction of this authorization if necessary to obtain any information pertaining to transactions charged to this card. Any reproduction of this credit card receipt authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

This agreement applies to all Procurement Cards issued in my name.

I agree to be bound by the terms and conditions of the WSU Cardholder Agreement noted above, and that the information provided is true and accurate.

Cardholder
Authorization Signature _____ Date _____

Role	Name	Signature	Date	Access ID
Designated Coordinator				
*** Principal Investigator				
(PI Signature REQUIRED FOR GRANT PROCUREMENT CARDS ONLY)				
Business Manager				
Department Chair/Director				
(Dean /AVP/VP				

Forward completed
application to: **Procard Office**
 procard@wayne.edu

Any questions, please email procard@wayne.edu
or call 313-577-3708